2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046442

1. Entity Name

APPLE INSURANCE & FINANCIAL PLANNING, INC.

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90037 010 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3919 PALM BEACH BLVD FT MYERS FL 33916	3919 PALM BEACH BLVD FT MYERS FL 33916-3729

2. Principal Place of Business	3. Mailing Address
4901 Palm Bch Blvd.	4901 Palm Bch Blvd.
Suite, Apt. #, etc. 418	Suite, Apt. #, etc. 418
City & State Ft. Myers, FL	City & State Ft. Myers, FL
Zip 33905 Country Lee	Zip 33905 Country Lee

4. FEI Number 656302776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOTILLO, DONNA
5801 S DIXIE HWY
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PSTD NAME HERNANDEZ, ALBERTO STREET ADDRESS 3919 PALM BEACH BLVD CITY-ST-ZIP FT MYERS FL 33916	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS 4901 Palm Beach Blvd. STE 418 CITY-ST-ZIP Ft. Myers, FL 33905
TITLE VD NAME HERNANDEZ, DEBORA M STREET ADDRESS 3919 PALM BEACH BLVD CITY-ST-ZIP FT MYERS FL 33916	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS 4901 Palm Beach Blvd. STE 418 CITY-ST-ZIP Ft. Myers, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Alberto Hernandez 5/1 941-694-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #